

KENTUCKY REGISTRY OF ELECTION FINANCE
140 Walnut Street
Frankfort, Kentucky 40601-3240
(502) 573-2226 FAX (502) 573-5622
www.kref.ky.gov

REGISTERED FUNDRAISER STATEMENT
COVER PAGE

1. Fundraiser Name:

County of Residence:

2. Candidate/Slate of Candidates (Gubernatorial Campaign Only)

Office Sought/Dist. No.

This Space for Registry Use Only

Logged _____ Keyed _____

3. Fundraiser's Mailing Address:

Daytime Telephone Number: (____) ____ - _____

4a. Fundraiser's Occupation

4b. Fundraiser's Employer (if self-employed, name
under which doing business.)

5. This Statement Covers:

From: _____
Month - Day - Year

To: _____
Month - Day - Year

6. TYPE OF STATEMENT:

- a. ☐ Quarterly
b. ☐ 32-day Pre-Election
c. ☐ 15-day Pre-Election
d. ☐ 30-day Post-Election
e. ☐ Termination _____

Month-Day-Year

- f. ☐ AMENDMENT - Check one of the items above
to indicate which statement is being amended.

Pre-election or Post Election or
this Statement relates to:

☐ Primary ☐ General ☐ Special

7. Date of Election:

Month - Day - Year

YOU MAY DUPLICATE SCHEDULES AS NEEDED.

8. Verification: I certify that I have examined this Registered Fundraiser Statement and to the best of my knowledge and belief it is true, correct, and complete.

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this statement to the penalties of KRS 121.990.

Fundraiser _____
Type or Print Name

Signature

Date: _____
Month-Day-Year

| | | | |
|---|-----------------------|----------------------------------|---|
| KREF 006/F KENTUCKY REGISTRY OF ELECTION FINANCE 140 Walnut Street Frankfort, Kentucky 40601-3240 (502) 573-2226 FAX (502) 573-5622 www.kref.ky.gov <p style="text-align: right;">SUMMARY PAGE</p> | 1. Name of Fundraiser | 2. Candidate/Slate of Candidates | 3. This Statement Covers: From: _____ Month - Day - Year To: _____ Month - Day - Year |
|---|-----------------------|----------------------------------|---|

RECEIPTS
COLUMN 1
**COLUMN 2
(TOTAL THIS PERIOD)**

1. CONTRIBUTIONS: (including all receipts from Fundraising Events)

a. Itemized by check or written instrument (Schedule 1A, Item 6)

\$ _____

 b. Receipts in currency (Number of contributors _____)
 (Individual cash contribution limit is \$50)

+\$ _____

 c. Unitemized contributions (Number of People _____)
 (Contributions by check or written instrument of \$100 or less)

+\$ _____

2. TOTAL RECEIPTS

=\$ _____

3. RECEIPTS TRANSFERRED

a. Amount Transferred to Candidate/Committee (Date _____)

\$ _____

b. Previous Balance Transferred

+\$ _____

c. Total Receipts Transferred This Election

=\$ _____

IN-KIND CONTRIBUTIONS

4. In-Kind Contributions (Schedule 2, Item 7)

\$ _____

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|--|--|--------------------------|--------------------|---|--|--|--|
| KREF 006/F KENTUCKY REGISTRY OF ELECTION FINANCE 140 Walnut Street Frankfort, Kentucky 40601-3240 (502) 573-2226 FAX (502) 573-5622 www.kref.ky.gov ITEMIZED RECEIPTS SCHEDULE 1A | | 1. Name of Fundraiser | | 2. Candidate/Slate of Candidates | | 3. This Statement Covers: From: _____ Month - Day - Year To: _____ Month - Day - Year | |
| 4a. Name and Address from whom received. All contributions in excess of \$100 must be itemized. All PAC contributions must be itemized, regardless of amount. | | 4b. Marital Status | 5. Date of Receipt | 6. Amount of Contributions by Check or Written Instrument | 7. Cumulative for Election (per Contributor) | 8. Occupation and Employer of Contributor and Spouse of Contributor. (If self-employed, name under which doing business. Occupation shall be specific. If PAC, major business, social or political interest represented by committee.) | |
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Subtotal This Page

(Only on last page of Schedule) Total This Period

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Enter this Amount on
line 1a of Summary
Page

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| KREF 006/F KENTUCKY REGISTRY OF ELECTION FINANCE 140 Walnut Street Frankfort, Kentucky 40601-3240 (502) 573-2226 FAX (502) 573-5622 www.kref.ky.gov IN-KIND CONTRIBUTIONS SCHEDULE 2 | 1. Name of Fundraiser | | 2. Candidate/Slate of Candidates | | 3. This Statement Covers: | |
| | | | | | From: _____ Month - Day - Year To: _____ Month - Day - Year | |

| 4a. Name and Address from Whom Received. All contributions in excess of \$100 must be itemized. All PAC contributions must be itemized, regardless of amount. | 4b. Marital Status | 5. Describe In-Kind Contribution | 6. Date of Receipt | 7. Amount This Period | 8. Cumulative for Election (per Contributor) | 9. Occupation and Employer of Contributor and Spouse of Contributor. (If self-employed, name under which doing business. Occupation shall be specific. If PAC, major business, social or political interest represented by committee.) |
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Subtotal This Page

(Only on last page of Schedule) Total This Period

Enter this Amount on line 4 of Summary Page